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REPORT OF THE EXECUTIVE DIRECTOR FOR 2000: REPORTS REQUESTED BY THE EXECUTIVE BOARD

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Introduction

1. This section of the Annual Report deals with three aspects of the Fund's programme about which the Executive Director has been requested by the Executive Board to report on a regular basis: reproductive health commodity security, the implementation of country programmes approved at the first regular session 1998 (Algeria, China, Egypt, Nicaragua, Paraguay and the Pacific Islands subregion), and humanitarian assistance.

I. REPRODUCTIVE HEALTH COMMODITY SECURITY

2. The following progress report on efforts to ensure reproductive health commodity security in developing countries was prepared in response to two decisions of the Executive Board. In decision 96/14, the Executive Director was requested to submit, as part of her annual report, a progress report on the "Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries" (later renamed the "Global Initiative on Reproductive Health Commodity Management"). During 2000, the functions of the Global Initiative were taken over by the Fund's new Commodity Management Unit to reflect the expanded scope of the work that UNFPA is now undertaking to ensure reproductive health commodity security. The second decision, 96/3, requested that the Executive Director report on the activities and management of the Global Contraceptive Commodity Programme, the responsibility for which has also been assumed by the Commodity Management Unit in close cooperation with the UNFPA Procurement Section.

A. The Global Initiative

Background of the Global Initiative

3. The Global Initiative was started in 1989 in response to a Governing Council request that UNFPA conduct a study to determine contraceptive requirements in developing countries in the 1990s. During that process, UNFPA initiated its unique database on donor support for contraceptives and logistics. This initial desk study estimated the costs involved in providing contraceptives and related services and stressed the need for better understanding of the logistics and quality-related issues essential for meeting the reproductive health needs of women and men in UNFPA's programme countries.

4. Similar, more comprehensive field studies were undertaken in 12 relatively populous countries (Bangladesh, Brazil, Egypt, India, Mexico, Nepal, Nigeria, Pakistan, Philippines, Turkey, Viet Nam and Zimbabwe). The protocol for these studies addressed: (a) estimating both short- and long-term contraceptive requirements (including financial ones) as well as condom needs to combat sexually transmitted diseases (STDs), including HIV; (b) recommending measures to make good quality contraceptives more accessible; and (c) reviewing social marketing efforts and the roles of non-governmental organizations (NGOs) and the private sector. The findings and recommendations of these studies were used not only for strengthening country logistics

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management capacity but also for resource planning and allocation. Recently, a number of countries, including Ethiopia, the Lao People's Democratic Republic, Mongolia, the Syrian Arab Republic and Tunisia, have funded these studies from their own country programme budgets.

Goals

5. During the most recent intercountry programme cycle (1996-1999), the Global Initiative's mandate, which is now being implemented by the Commodity Management Unit, was sharpened to focus on three specific goals: national capacity building, advocacy and donor coordination, and sustainability.

6. National capacity building. The Commodity Management Unit plans to continue the Global Initiatives' in-depth studies but with expanded coverage and under the guidance of a common framework for country assessment, which is in the process of being developed in collaboration with a number of other agencies. It is intended that the framework will serve as a common guideline to analyse country status in meeting reproductive health commodity needs and provide specific recommendations to further strengthen the existing logistics systems and policies in meeting future demand within the contexts of reproductive rights, informed choice, gender sensitivity and religious freedom. It is also intended that all concerned organizations and donors involved in strengthening country capacity in reproductive health commodity security will adopt the framework. As in the past, UNFPA will report the findings from these studies to the advisory group of the Commodity Management Unit for donor coordination and advocacy purposes.

7. In addition to conducting country-specific studies focusing on capacity building, the Global Initiative held a series of logistics management strategy development workshops in which two participants were invited from each participating country within a region. In the workshops, which were conducted with the assistance of the UNFPA Country Technical Support Teams (CSTs) in every region, participating countries received technical assistance on logistics issues and developed strategies on supply management, including training, quality assurance and contraceptive projections.

8. A list of all reproductive health commodities is being prepared in consultation with the World Health Organization (WHO). A number of publications and specially designed websites have already been developed for sharing information and knowledge in reproductive health commodity security. Some important publications include: (a) a global strategy titled "Reproductive Health Commodity Security: Partnerships for Change, A Global Call for Action"; (b) a UNFPA work plan and strategy titled "Reproductive Health Commodity Security: Partnerships for Change, The UNFPA Strategy"; (c) an annual report on "Donor Support For Contraceptives and Logistics"; and (4) a guideline for developing country supply managers titled "The Role of the Logistics Manager in Contraceptive Procurement: A Checklist of Essential Actions".

9. Advocacy and donor coordination. Coordination of donor support is important to improving the flow of reproductive health commodity supplies to and within developing countries. The advisory group that oversees the work of the Fund in this area includes representatives from all major donors. Periodic meetings with this group help resolve actual and potential supply problems at both the global and national levels. An annual report on donor support for contraceptives and logistics, compiled from the database maintained by UNFPA since 1990, provides details on the quantities, types and costs of contraceptives and logistics assistance to developing countries. The report also outlines and explains trends in donor support and analyses where support may be deficient. Recently, the Commodity Management Unit has prepared global projections of condom needs for the prevention of STDs, including HIV, and contraceptives for family planning programmes, a report that is being used as part of the effort to specify additional levels of commodity support (from donors and the Governments of programme countries) that are needed to meet the ICPD goals for 2015.

10. Sustainability. Continuing previous efforts, greater emphasis is being placed on sustainability and self-reliance in meeting reproductive health commodity needs. One innovative approach introduced during the previous intercountry programme cycle was the UNFPA private sector initiative, which focuses on helping Governments work with the private sector and NGOs to expand access to affordably priced commercial products and services in developing countries. The goal of this approach is to free up public sector resources to better serve the needs of those who cannot afford to pay full prices for these products and services. Under this initiative, selected UNFPA field offices have served as facilitators or "brokers" between Governments and the private sector to negotiate better prices for consumers in return for targeted government actions such as reduced tariffs, free public media, etc. Several meetings have been held, some for the first time, bringing together selected Governments, United Nations agencies, manufacturers of hormonal products, technical agencies and social marketing companies. These consultative meetings concluded that UNFPA could play a leading role in helping country programmes become more sustainable.

B. Global Contraceptive Commodity Programme

11. UNFPA's Commodity Management Unit has the added responsibility of coordinating the Global Contraceptive Commodity Programme (GCCP), a revolving trust fund established with the generous support of the Government of the United Kingdom and UNAIDS that was created to respond to urgent and emergency needs. In 2000, contraceptive and other reproductive health kits were sent to 35 destinations experiencing severe shortfalls, including Afghanistan, Angola, East Timor, Eritrea, Indonesia, Mongolia, Rwanda, Sierra Leone, Sudan and Yugoslavia (Kosovo).

C. Global strategy for reproductive health commodity security

12. A major watershed was reached in 2000 when UNFPA presented a global strategy for reproductive health commodity security to some 60 donors and technical agencies on 22 September. Among the key points raised during the meeting were: (a) the declining trend since 1996 in donor support for reproductive health commodities, in particular contraceptives; (b) the consequences of contraceptive and condom shortfalls on women's reproductive health, including HIV infection, in developing countries; and (c) the longer-term measures that the Fund believes should be undertaken at global and country levels to expand access to safe and affordable reproductive health commodities.

13. In line with the goals articulated by the ICPD+5 review, the UNFA global strategy is geared towards helping Governments strengthen their capacity to "ensure that by 2015 all primary health-care and family-planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including STDs; and barrier methods, such as male and female condoms and microbicides if available, to prevent infection." (paragraph 53).

14. Support for the provision of reproductive health commodities must take into account changing health-care environments. Many Governments are implementing or considering sweeping health sector reforms, developments that offer opportunities to address issues such as financing but that also raise concern that there may be a reduction in support for certain critical areas, including reproductive health. UNFPA's strategy in ensuring reproductive health commodity security would take into account such concerns as well as the development of sector-wide approaches (SWAps) and other country programme strategies.

15. The Governments of Canada, the Netherlands and the United Kingdom all endorsed the global strategy. To show their support, they offered a combined total of about $80 million in addition to their regular contributions to UNFPA to meet the commodity shortfalls being experienced by over 90 countries. Country requests for urgent reproductive health commodity requirements to be drawn from these additional grant funds are being prioritized using criteria – validated with government, donor and UNFPA field office inputs – such as degree of urgency, HIV/AIDS situation, and projected and past commodity usage patterns. All of these grant moneys will be expended in meeting developing countries' needs by mid-2001; additional funds are still needed to cover growing requirements, especially for condoms to help prevent the spread of HIV and other STDs.

16. Through its Commodity Management Unit, UNFPA is undertaking a series of collaborative activities in 2001 to strengthen management capacity at the country level in terms of identifying demand, forecasting, financing, procuring and delivering reproductive health commodities,

including condoms for HIV prevention. One major goal is to develop a more sustainable commodity supply through cost recovery, social marketing and the ongoing UNFPA private sector initiative.

17. Working closely with UNFPA's CSTs, whose ranks are expanding to include three additional UNAIDS-supported logistics advisers, the Commodity Management Unit is involved with behaviour-change efforts based on the use of male and female condoms as a "dual protection" approach. These efforts are becoming an important part of the expansion of UNFPA's support for STD/HIV prevention programmes.

18. Most of the challenges the Fund faces in this area can be addressed by means of greater consultation and stronger partnership approaches. Making the provision of reproductive health commodities more sustainable is one such daunting issue; the training of managers in developing countries is another. By implementing its reproductive health commodity security strategy, hiring technical officers with expertise in these areas and widening partnerships with other technical agencies, UNFPA plans to further enhance its leadership role in meeting the reproductive health needs of men and women in developing countries.

II. IMPLEMENTATION OF UNFPA COUNTRY PROGRAMMES

A. Algeria

19. Management turnover in the UNFPA field office and difficult local conditions contributed to a longer-than-anticipated wait before the implementation of the Fund's second country programme in Algeria was initiated. Tangible results have been registered recently, however, as the programme has begun to accelerate the pace of its activities. The mid-term review (MTR) in November 2000 concluded, for example, that the implementation rate is relatively high in relation to the expenditure ceiling.

20. There are differences in the performance of the two subprogrammes; overall, the reproductive health subprogramme has had a higher implementation rate than that of the population and development strategies subprogramme. In the latter, some component projects, such as strengthening the statistics systems and research and training on improving the status of women, have barely begun to be implemented.

21. In the reproductive health subprogramme, all of the planned training and logistics assessment components are being carried out. The impact of such capacity-building activities on the reproductive health status of the population can only be measured after a more substantial amount of time has passed. Current trends in contraceptive use have shown little change. The modern contraceptive prevalence rate has risen by only three percentage points since 1994, to 50 per cent. The prevalence rate for intra-uterine devices (IUDs) is currently 3.5 per cent; it was

expected that that level would reach 15 per cent. Lack of progress was especially notable in certain geographical areas that are now being recognized as underserved, and the next country programme will concentrate its activities in those areas.

22. A special mention should be made of one of the important components of the reproductive health subprogramme – a project that seeks to integrate reproductive health education into youth activities. The project has been able to initiate a great deal of peer counselling training activities, and informational material has been produced and is now available in youth information and communication centres.

B. China

23. UNFPA currently provides assistance to the Government of China to implement the fourth country programme in the amount of $20 million from regular resources. The programme was approved initially for the period 1997-2000 and was subsequently extended by one year through 2001. Due to financial constraints, the total estimated expenditure from 1998-2000 was $10.3 million, leaving a balance of $9.7 million. Considering that the estimated expenditure for China will be $3.5 million in 2001, it is likely that the programme will be extended, subject to the Government's agreement.

24. The programme consists of four subprogrammes: (a) reproductive health; (b) women's empowerment; (c) reproductive health advocacy; and (d) South-South collaboration in reproductive health. UNFPA's assistance to China in general is designed to help the Government implement a client-centred approach to the provision of reproductive health services in line with the Programme of Action of the International Conference on Population and Development (ICPD). To this end, the Fund is supporting activities in a total of 46 counties where targets and quotas have been lifted. UNFPA's support includes enhancing the understanding of policy makers and service providers on the benefits of reproductive health services based on the principle of free and responsible choice. In 32 of the counties, integrated reproductive health services are being provided using a client-centred, voluntary approach. In 30 townships located in 15 of the 46 counties, UNFPA is assisting income-generation projects in support of women's equality. In the 46 counties, each household was given information, education and communication (IEC) materials listing available services and encouraging individuals and couples to take advantage of them.

25. UNFPA is active in advocacy at all levels of Government and the public sector, as well as in supporting China's efforts to increase South-South collaboration. One issue that all agree will take on greater prominence in the region is HIV/AIDS, which is already recognized as one of the most serious health problems affecting China. In the process of implementing the current country programme, it has been clear that male involvement in reproductive health needs to be promoted; thus, all training and IEC materials at county, township and village levels now call for increased male involvement. UNFPA has also supported pilot projects on social marketing of male condoms

and in support of adolescent HIV/AIDS prevention in Beijing and Shanghai, both of which were favourably evaluated and have become models for wider efforts in cooperation with UNAIDS.

26. One drawback is that the programme in China has been subject to financial constraints, which has meant that many project activities have not been implemented, particularly in procuring requested medical equipment and supplies. Consequently, trained service providers have not been able to fully utilize their skills and abilities in delivering quality reproductive health services. UNFPA is making every effort to procure the equipment and supplies without further delay.

27. UNFPA continues to work closely with other United Nations agencies in China. A Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) were completed in 2000.

C. Egypt

28. The three primary goals of UNFPA's sixth country programme for Egypt are to contribute to: (a) the improvement of reproductive health; (b) a reduction in gender disparities; and (c) sustained socio-economic development. Despite a delay in the initiation of the latest programme by nearly a year due to setbacks in the consultative and development processes and various cuts in resources, the programme has been successful in implementing a number of activities during its short lifespan.

29. In terms of specific accomplishments, the reproductive health subprogramme has renovated primary health units in two governorates in Upper Egypt and two districts in Cairo. More generally, the subprogramme is working towards behavioural changes and the acceptance of reproductive health and reproductive rights through awareness campaigns and capacity-building activities for service providers. The reproductive health subprogramme has assisted the Government in developing its national IEC strategy as well as a strategy for adolescents. It is expected that national counterparts and institutions will translate these strategies into national programmes and activities and will expand their partnerships in these areas.

30. The advocacy subprogramme has helped raise the profile of sensitive social issues in Egypt. Media reports and government actions, such as the establishment of the National Council for Women under the patronage of the First Lady, indicate a heightened awareness of gender issues. The President himself officially urged women to run for the Parliament, and women currently hold 40 per cent of the seats appointed by the President. A divorce-reform law benefiting women has been discussed and passed by the Parliament. The next step is to put measures in place to ensure the enforcement of such legislation.

31. The Fund's programme was involved in a number of advocacy activities that led to those developments. Among them were: (a) the formulation of a national advocacy strategy on

reproductive health and gender issues; (b) the raising of awareness among high-level media personnel and youth on reproductive health and gender issues; (c) the production of a number of television and radio programmes; and (d) the production of a journal, informational materials on female genital cutting (FGC), and calendars and wall charts with reproductive health and gender indicators that were distributed among policy makers and parliamentarians. There is now a need to measure the impact of such activities on public opinion and in mobilizing resources in support of national population, reproductive health and gender programmes.

32. The population and development strategies subprogramme has undertaken the following activities: (a) preparing an updated national population policy; (b) developing an integrated population information system (IPIS); and (c) providing assistance for the establishment of comprehensive mechanisms to facilitate monitoring, evaluation and coordination.

D. Nicaragua

33. The country programme was implemented as planned in 2000. In the mid-term review, the Nicaraguan Government and UNFPA concluded that the programme is adequately meeting its goals of providing an effective framework for bolstering population and sexual and reproductive health initiatives. The experience gained to date demonstrates the programme's great potential for helping create a consensus among the Government, civil society and the donor community in terms of population policy.

34. UNFPA support to increased access to reproductive health services is reflected in a 3 per cent increase in the number of prenatal check-ups while institutional births have risen by 10 per cent and contraceptive coverage has increased by 4 per cent since the programme's inception. The country's main industrial zone, with its *maquiladora* plants, is one of several regions where the programme has managed to extend access to various reproductive health services.

35. The programme's reach was constrained somewhat by the sharp reduction in regular funds during the reported year. This reduction occurred at a time when, paradoxically, the ability of UNFPA to influence national development strategies was better than ever, given the Government's renewed commitment to population and reproductive health issues.

E. Paraguay

36. According to the recent CCA, one-third of the people in Paraguay live in poverty, with nearly half of them living in extreme poverty. Many poor Paraguayans live in rural areas with limited access to social services. UNFPA's approach to this complex issue through the current country programme was examined at the end of 2000 and found to be having a positive impact. The same review also helped outline the most appropriate lines for future action.

37. The Fund is working with the national police force and the country's armed forces to reach isolated rural families. One beneficial outcome from this approach is that the people who receive the programme's services are changing their reproductive health attitudes and behaviours. Another less direct development is that the military personnel and police are also now equipped to help spread awareness and educate their neighbours and communities once their military training and tours of duty are completed. Young police officers, for example, are trained in the importance of reproductive health, and they now have a better grasp of the gender perspective in law enforcement.

38. Other noteworthy achievements include the programme's successful experience with adolescent health services and the design of a community education system for rural youth. Significant progress has also been recorded in gaining support from the national mass media for activities covered by the country programme. The scope of these activities has been limited by financial constraints, but the approaches taken are yielding positive results.

F. Pacific Island countries

39. During 2000, UNFPA continued to implement country-specific projects in 10 of the 14 Pacific Island countries as well as regional activities that extended to Nauru, Niue, Palau and Tokelau as well. Political unrest in Fiji and the Solomon Islands did, however, seriously limit the Fund's work in those nations. Among the major programme achievements was the launching of a regional adolescent reproductive health initiative in the amount of $2.3 million with the completion of project design missions to nine countries – Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

40. Programme activities designed to increase the capacity of reproductive health professionals in the delivery of quality services and information were carried out as planned. Among those activities were refresher training for some 1,000 nurses and nurses aides from throughout the region and a reproductive health certificate course offered in conjunction with the Fiji School of Medicine.

41. The programme also completed a series of sociocultural studies, including one on violence against women in Samoa, a baseline survey on men as partners in family life and reproductive health in Fiji, and a summary of research findings on adolescent sexuality and men's attitudes to family planning in the overall region.

III. HUMANITARIAN ASSISTANCE

42. During 2000, UNFPA continued to expand and strengthen its capacity to provide support for reproductive health needs among especially vulnerable populations and to ensure that these needs are taken into consideration in all forms of humanitarian assistance. The Fund is also developing new capabilities to respond quickly to country office requests in emergency situations. This report, prepared in response to Executive Board decision 2000/13, highlights activities in 2000 undertaken

directly by UNFPA, as well as UNFPA-funded activities executed by other United Nations agencies, NGOs and other humanitarian partners.

A. Funding

43. In June 2000, the Executive Board approved a rapid response fund, endorsing the use of up to $1 million per year of regular resources in a revolving fund. The action followed a report from the Executive Director outlining the challenges of "ensuring reproductive health in especially difficult circumstances".

44. The aim of the rapid response fund is to ensure that UNFPA has the budgetary capabilities to respond quickly to emergencies where regular country programme funds are not immediately available or not available at all. The rapid response fund may also be accessed when donor support for a UNFPA component of the United Nations Consolidated Appeal Process has been committed but not yet received by UNFPA.

45. A generous donation by the Government of the Netherlands facilitated the establishment of the fund, which was set up during the last quarter of 2000 and became operative in 2001. UNFPA's support for reproductive health emergencies in 2000 was funded in part with country programme resources (with the agreement of the Governments involved) and through contributions from the United Nations Foundation as well as the Governments of Australia, Belgium, Canada, the Czech Republic, Germany, the Netherlands, the United Kingdom and the United States. The UNFPA also participated in the Inter-Agency Consolidated Appeals for 2000 and saw an overall improvement in donor response compared to 1999's results.

B. Direct and indirect reproductive health support

46. In collaboration with its partners, UNFPA has provided humanitarian assistance to meet both immediate needs and to strengthen local capacity for the long term. In the past year, for example, the Fund provided emergency reproductive health supplies in Afghanistan, Angola, Bangladesh, Comoros, the Democratic Republic of Congo, East Timor, Eritrea, Ethiopia, Guinea, Indonesia, Madagascar, Mongolia, Mozambique, Philippines, the Republic of Congo, the Russian Federation (in the northern Caucasus), Rwanda, Senegal, Sierra Leone, Somalia, Sudan, Tajikistan, Turkey, Uganda, the United Republic of Tanzania, Venezuela, Yemen, Yugoslavia (in Kosovo) and Zimbabwe.

47. Among those supplies were emergency kits containing prepackaged sets of equipment and supplies required for specific reproductive health interventions, including safe home delivery, clinical delivery, emergency obstetric care, treatment of miscarriage, treatment of sexually transmitted diseases (STDs), including HIV, and family planning. UNFPA's longer-term goal of

strengthening local capacity consists of providing referral-level equipment to health centres and supporting the hiring and training of local staff.

C. Reproductive health assessments

48. During 2000, UNFPA supported and participated in initial assessments of reproductive health conditions and needs in a series of crisis situations in, among other places, Angola, Colombia, Eritrea, Ethiopia, Guatemala, the Russian Federation (in the northern Caucasus), Sierra Leone, Sudan, Yemen and Yugoslavia (Serbia).

49. In each case, the assessment's recommendations were followed by direct support activities and also served to guide the relief programmes of other agencies interested in supporting reproductive health interventions. In a number of cases the assessments themselves were done jointly with other agencies; e.g., a study of reproductive health needs in the northern Caucasus was a joint UNFPA/WHO activity and an HIV assessment in Ethiopia and Eritrea was prepared with UNAIDS.

D. Training and capacity building

50. During 2000, UNFPA strengthened its own emergency response capacity significantly by developing systems and procedures to ensure that reproductive health needs are fully integrated into humanitarian interventions. The Fund also provided orientation and training to humanitarian workers on how to prepare assessments and how to be active in the United Nations Consolidated Appeal Process. International training courses for reproductive health emergency coordinators, organized by UNFPA and funded by the Government of Belgium, were held in Kenya and Azerbaijan in 2000. Over 60 participants from local and international NGOs and United Nations staff based in 22 countries were trained in coordination of reproductive health interventions in situations involving refugees and internally displaced persons (IDPs).

51. In addition, reproductive health components were incorporated into other health training courses that were financially supported by UNFPA. Marie Stopes International (MSI) provided technical input and materials on reproductive health for Medical Emergency Relief International (MERLIN), and International Health Exchange provided the same sort of assistance for "health in emergencies" courses.

52. Also with funding from UNFPA, members of the Reproductive Health for Refugees Consortium conducted a wide variety of local level capacity-building activities in 2000. These included: training traditional birth attendants and community health workers working with refugees and displaced persons in Liberia, Guinea and Sierra Leone, and overseeing internal training and awareness building within member agencies of the consortium.

E. Advocacy and awareness raising

53. UNFPA has continued to support advocacy activities designed to raise awareness of reproductive health needs during humanitarian crises. These included advocacy sessions held in Nairobi, Kenya; Dakar, Senegal; and Kathmandu, Nepal, involving policy makers, international and national NGO and United Nations staff, and others involved in relief programmes; orientation sessions for United Nations Goodwill Ambassadors and media celebrities in Europe and South Asia; press interviews and releases; and presentations at universities, NGOs, the United Nations and for staff of the United States Congress, among others.

54. With support from UNFPA, the Women's Commission for Refugee Women and Children (WCRWC) conducted a comprehensive survey of NGOs based in the United States and schools of public health to determine whether and how the agencies included reproductive health in their activities. MSI conducted a similar survey among European NGOs. These surveys not only provide a valuable inventory on what sorts of activities already exist but have also led to expressions of interest among many agencies that do not yet include reproductive health in their work. MSI and WCRWC have taken the lead in including newly interested groups in advocacy and training in Europe and North America, respectively.

55. In Angola, UNFPA developed a video documentary on the reproductive health needs of internally displaced and war-affected women, men and youth. This film was shown locally and is being translated for use internationally. MSI worked with the United Kingdom All-Party Parliamentarian's Group on Population, Development and Reproductive Health to promote reproductive health for refugees issues in the United Kingdom and also provided articles on reproductive health for refugees for the journal *Sexual Health Exchange*, published by the South African AIDS Information Dissemination Service.

56. Direct advocacy was also utilized to raise awareness of the rapid increase in HIV transmission and to encourage urgent prevention and care programmes. During the joint UNFPA/UNAIDS assessment of the HIV implications of the Ethiopian-Eritrean conflict, mission members met with government, military and civilian leaders in each country, as well as with donors and leaders of the United Nations peacekeeping forces.

F. Data collection and analysis

57. UNFPA is seeking to expand the knowledge base on reproductive health in crisis situations in order to improve programme planning and intervention and to provide technical leadership in the field. The International Centre for Migration and Health has begun work on a comprehensive assessment of reproductive health issues in the context of forced migration, including: (a) assessing the current state of knowledge on populations affected by forced migration, including the conditions and reproductive health implications of such migration; (b) determining what specific data are

available on the main reproductive health issues (sexual violence, STDs, HIV, pregnancy outcomes); and (c) identifying steps to be taken by national Governments, international agencies, NGOs and others to respond to the problem.

58. In Angola, UNFPA undertook a sample survey among displaced populations to determine reproductive health histories, current conditions and perceptions. The results of this survey were presented in a well-attended session at "Conference 2000 – Research Findings on Reproductive Health for Refugees," in Washington, D.C.

59. In Rwanda, Uganda and the United Republic of Tanzania, UNFPA helped fund efforts by the International Rescue Committee (IRC) to review and establish complementary data collection systems within refugee camps so that databases can be compared across situations and countries. The results of two assessments – reproductive health and primary health care – prepared by the IRC for the Kenema District in Sierra Leone were also presented at the Washington research conference.

G. Inter-agency coordination

60. In 2000, UNFPA became a full member of the Inter-Agency Standing Committee on Humanitarian Affairs, took part in all consolidated appeals and participated in multiple working groups and sub-groups. The Fund also participated in the 2000 Inter-Agency Working Group on Reproductive Health for Refugees that met in Geneva in March 2000. This meeting brought together staff from all the United Nations agencies and NGOs working in this area to review programming needs, share technical information, and further develop practical tools such as the reproductive health kits, teaching materials and technical guidelines. In the wake of that meeting, a working group agreed on a series of refinements of the kit contents and on revisions in the kit manual.

61. As a core partner in UNAIDS' HIV-prevention efforts during conflict and post-conflict situations, UNFPA made significant progress in the year 2000. In Eritrea and Ethiopia, the Fund spearheaded a drive to help reduce the spread of HIV by training soldiers, ex-combatants and peacekeepers to be health educators. The effort is part of a larger attempt to engage armed forces and ex-combatants worldwide to be forces for positive change and higher health standards.

62. UNFPA field staff, CST specialists and headquarters staff participated in a number of United Nations-wide humanitarian programmes in 2000, including a regional disaster management team meeting in Panama, a UNHCR-organized workshop in Uganda on reproductive health for adolescent refugees, and United Nations staff college training in emergency preparedness and confliction prevention. The UNFPA also presented an assessment of the impact of Eritrea-Ethiopia conflict on HIV/AIDS at a UNAIDS expert workshop on HIV, conflict and peacekeeping situations in Sweden. The Fund is an active and permanent member of the Steering Committee on HIV and

Security; in that regard, a memorandum of understanding is being developed with the United Nations Department of Peacekeeping Operations on HIV prevention in peacekeeping situations.

H. Tools development

63. UNFPA contributed to the review of the minimum initial service package (MISP) by the Inter-Agency Working Group on Reproductive Health for Refugees, the field evaluation of the emergency reproductive health kits and the revisions to and translations of the kit booklet. The project is also supporting the printing of the inter-agency manual on reproductive health in refugee situations in French and Portuguese.

I. Project development

64. In addition to immediate assistance in emergency situations, UNFPA also provided support for the development of follow-up projects in Angola, Colombia, Eritrea and Ethiopia where the provision of basic reproductive health services for IDPs and other affected populations required a longer-term initiative. For instance, during 2000, the field office worked with headquarters to design a three-year project to provide services to women and young people displaced by the civil conflict in Colombia and a sexual and gender-based violence programme for war-affected women and youth in Angola. The Government of Belgium will fund the Colombia project and the project in Angola is expected to receive funding from the United Nations Foundation and the Government of the United States.

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